



Ohlone Community College District

STATE TEACHERS' RETIREMENT SYSTEM (CaSTRS) QUESTIONNAIRE

Print Employee Name: _____ Date: _____

Job Title: _____ Division/Dept.: _____

Start Date: _____ SS#: _____ Date of Birth: _____

- 1. Prior to this position, have you ever worked for Ohlone Community College District? Yes No
- 2. Do you currently hold an academic position at any other school/college district other than Ohlone?
 Yes No If YES, is it full time part time (____%)

- 3. Have you ever been, or are you currently a member of the State Teachers' Retirement System (CaSTRS)?
 Yes No If YES, please list:

School or College District	County	Dates Worked	Retirement System

If YES to Question #3, did you withdraw 100% of your funds? Yes No

Are you retired from CaSTRS? Yes No

- 4. Have you ever been, or are you currently a member of the Public Employees' Retirement System (CalPERS) as a County school employee? Yes No If YES, please list the school/college district(s):

School or College District	County	Dates Worked	% of Full Time

CalPERS membership from (date) _____ through (date) _____

Are you currently employed there? Yes No. If YES, are you Full Time or Part Time?

Have you withdrawn 100% of your CalPERS funds? Yes No

- 5. If you are currently a member of CalPERS, do you elect to become a STRS member now? Yes No

If NO, then you will continue to be a CalPERS member and retirement deductions will be taken from your earnings at the current CalPERS rate.

- a. Are you vested with CalPERS? Yes No (Must be vested in order to make this election)
- b. Are you currently full-time in CalPERS at any other district? Yes No (If full time, you are not eligible to make this election)

- 7. Have you been employed under any other names? Yes No.

If YES, please print the full name(s): _____

Your Signature: _____ Today's Date: _____